



Dental Specialties of Saint Louis University Orthodontic Clinic

CONSENT TO RADIOGRAPHS AND ORTHODONTIC RECORDS

I consent to and request the performance upon _____ (patient's name) of the necessary diagnostic tests, including radiographs, to develop a plan to treat the patient's orthodontic needs.

Ionizing radiations (x-rays) are used in dentistry as an essential aid in the determination of the existence and extent of conditions that may affect your dental and general health. The information obtained from x-ray examinations will contribute materially to the proper diagnosis, treatment and prevention of disease.

The Orthodontics Clinic is concerned about the biological effects of low-level doses of radiation to the population and has incorporated policies to maximize the effectiveness in reducing radiation exposure by clinically eliminating unproductive examinations, assuring the use of optimal techniques and requiring appropriate equipment to be used.

You must be advised that the Orthodontics Clinic may not be able to initiate or complete comprehensive orthodontic treatment without the benefit the x-ray examinations provide.

Patient/Legal Guardian Signature: _____

Print Patient/Legal Guardian's Name: _____

Relationship of Legal Guardian to Patient: _____

Witness: _____

Date: _____